

February 13, 2003

MDR Tracking #:
IRO #:

M2-03-0352-01
5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor with a specialty and board certification in Occupational Medicine. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ sustained a work injury on ___ while employed with ___. At the time of his injury he was lifting luggage when he felt a pull to the left side of his low back. About one to two hours later, he started feeling stiffness to the back. He applied ice. The next day he presented to the emergency room at ___ because his pain appeared to increase. He was diagnosed with a strain. No x-rays were done and he was given Ibuprofen. He then presented to ___ who ordered x-rays and an MRI scan of the lumbar spine. He was sent to have physical therapy at ___. He was then referred to ___, and had three lumbar facet injections by ___, with the first one producing 100% pain relief for three weeks. The other two were not helpful. The patient had two lumbar epidural steroid injections which did not seem to help. He also saw ___, a chiropractor, who saw him a couple of times and treated him with adjustments which helped temporarily. ___ referred the patient for more physical therapy. From ___ description, he appears to have been in a work hardening program at ___. This appeared to aggravate his pain. The more recent physical therapy was more helpful. The patient tried using a TENS unit, and that was helpful. He was tried on several anti-inflammatory medications, such as Ibuprofen. He was also given hydrocodone for pain relief.

An MRI scan of the lumbar spine dated 8/24/01 was reported to demonstrate mild diffuse annular disc bulges at the L3/4 and L4/5 levels and mild degenerative disc disease at T11/12.

The first mention of a NT2000 neuromuscular electrical stimulator by ____ was on 7/19/02. ____ also noted on 9/6/02 that the patient's low back pain increased after a drive to _____. The note of 10/3/02 explained the rationale for the purchase of this device, however a report dated 1/8/03 shows that the answers to the questions as to whether there had been a general trend of improvement in ____ pain, function, mood and sleep showed that the answer was no.

The information regarding the BMR Neuro Tech NT2000 also included a study in the Official Journal of the American Congress of Rehabilitation Medicine and the American Academy of Physical Medicine and Rehabilitation. This was a preliminary examination of NMES/TENS for the management of chronic pain. The conclusion showed that combined NMES/TENS treatment consistently produced better pain reduction and pain relief than placebo, TENS, or NMES alone. Though less effective, NMES alone did produce as much pain relief as TENS. This pattern suggests that combined NMES/TENS may be a valuable adjunct in the management of chronic back pain. Further research investigating the effectiveness of both NMES and combined NMES/TENS seems warranted. It should be noted that the patient population in this study consisted of 24 chronic back pain patients.

REQUESTED SERVICE

The purchase of a neuromuscular electrical stimulator is requested for this patient.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

Review of ____ notes show that ____ received the majority of his relief with the diagnostic medical branch fact nerve block of the left L1, L2, L3, L4 and L5 levels, as well as the lumbar facet steroid injections of the left L1/2, L2/3, L3/4, and L4/5 levels. ____ appeared to be doing better, though his pain apparently increased during a drive to _____. The note of 1/8/03 shows that there had been no general trend of improvement in ____ pain, function, mood or sleep. The summary of the study of the article mentioned above stated that NMES alone, though less effective, did produce as much pain relief as TENS. However, the summary shows that further research regarding investigating the effectiveness of both NMES/TENS combined seems warranted.

Therefore, based on the above, it appears that ____ relief of his low back pain occurred with the injections by _____. His date of injury was _____. The neuromuscular stimulator's effect, if any, is in the initial treatment of a back injury and not almost two years after the injury. Furthermore, the reviewer agrees with the previous physicians rendering the opinion of non-authorization of the purchase of the neuromuscular stimulator when they state that there are no peer-review scientific studies done on the long-term efficacy of the device.

_____ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. _____ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of _____, dba _____, I certify that there is no known conflict between the reviewer, _____ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

_____ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective ***spinal surgery*** decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other ***prospective (preauthorization) medical necessity*** disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).